

PROCEDURE FOR COURT REPORTERS

APPELLATE DEFENDER STAFF

Jim Wheelis	Chief Appellate Defender
Joslyn Hunt	Assistant Appellate Defender
Koan Mercer	Assistant Appellate Defender
Lisa Korchinski	Assistant Appellate Defender
Tammy Hinderman	Assistant Appellate Defender
Kelli Sather	Assistant Appellate Defender
Roberta Zenker	Assistant Appellate Defender
Sarah Braden	Office Manager/Paralegal
Katrina Sherman	Legal Secretary/Paralegal
Rachel Smith	Receptionist/Secretary

OFFICE OF THE STATE PUBLIC DEFENDER APPELLATE DEFENDER OFFICE

301 SOUTH PARK, ROOM 568
P.O. BOX 200145
HELENA, MT 59620-0145
(406) 841-2001
(406) 841-2003 (fax)

Appellate Procedure for Court Reporters

Court Reporters will receive a request for production of transcripts and a copy of the notice of appeal from Sarah Braden in the Appellate Defender Office (ADO).

Call Sarah if you receive any other oral or written requests for transcripts for Office of the State Public Defender appeals.

Procedure of the Public Defender Office and the Appellate Defender Office Requesting Transcripts

Upon filing a notice of appeal, a request for production of transcripts shall be filed with the Clerk of the District Court and served upon the appropriate court reporter. This request must be filed simultaneously with the filing of the notice of appeal. The court reporter shall also receive a copy of the notice of appeal.

EXTENSIONS

Court Reporters have 40 days from the date of the notice of appeal to file with the Supreme Court the requested transcripts. If you need an additional 50 days to complete the requested transcripts, you can obtain the first extension from your district court judge. **(If you ask for this extension please send the ADO a courtesy copy of the extension request).** Each extension after that has to be filed by defense counsel and must contain an affidavit from the court reporter stating the reasons for the delay. If you need a second extension, please contact the ADO office and provide us with an original affidavit and we will file the extension request on your behalf. When requesting extensions in dependent/neglect or mental health appeals, all extension requests must be made through the defense attorney and be accompanied by an affidavit from the court reporter.

TRANSCRIPTS TO BE FILED WITH THE SUPREME COURT

The original (condensed copy) plus one dvd/r to the Supreme Court; one copy to the County Attorney; one copy to the Attorney General and one copy to defense counsel. The request for production of transcripts is specific as to who will get the defense counsel copy. Please do not make a copy for the ADO and the district court defense counsel. It is your responsibility to distribute these copies to the appropriate parties.

PAYMENT OF TRANSCRIPT CLAIMS (Appellate)

In order to receive payment for the transcripts you must fill out the attached appropriate paperwork. (Miscellaneous Claim for Appellate Services Form and Transcript Claim Form). On the Miscellaneous Claim Form, you are the Claimant; you must fill out the name of the client and the total fees and costs. If you are claiming reimbursement for mailing costs, you must attach the original receipt. The ADO will fill in the Assigned OPD Client Number **(this number is not the case number, it is a special number used by the ADO for client tracking and billing)**. This form must be signed and dated and then sent to the ADO for approval. You must send the original; no faxes will be accepted.

▶
Office of the State Public Defender

▶
▶, MT ▶

Telephone: (406) ▶

Attorney for Defendant/Appellant

MONTANA ▶ JUDICIAL DISTRICT COURT, ▶ COUNTY

STATE OF MONTANA,)	
)	Cause No. DV 06-0346
Plaintiff,)	
)	
v.)	REQUEST FOR PRODUCTION
)	OF TRANSCRIPTS
▶,)	
)	
Defendant.)	

Pursuant to Rule 8(3), Montana Rules of Appellate Procedure, ▶ (attorney's name), attorney for the Defendant named-above, is requesting that you prepare and deliver the transcripts for the following hearings:

▶

Upon completion of the requested transcripts, the court reporter shall serve the following people with a copy of the requested transcripts:

The court reporter shall also send a copy of the transcripts, your bill, an OPD miscellaneous claim form for appellate services and a transcript claim form to the Appellate Defender Office, Attn: Sarah Braden, at P.O. Box 200145, Helena, Montana 59620-0145.

Respectfully submitted this ____ day of ►, 2007

By: _____

►
► Public Defender

CERTIFICATE OF SERVICE

I hereby certify that I caused a true and accurate copy of the Request for Production of Transcripts to be hand-delivered and/or mailed to:

►
Official Court Reporter
►
►

►
► County Attorney
►
►

APPELLATE DEFENDER OFFICE
Attn: Sarah Braden
P.O. Box 200145
Helena, MT 59620-0145

DATED: _____

STATE OF MONTANA
OFFICE OF THE STATE PUBLIC DEFENDER
APPELLATE DEFENDER OFFICE

TRANSCRIPT CLAIM FORM

Cause No. _____

Case Name: _____

Attorney Requesting Transcripts: _____

Date Ordered _____ Date Completed _____

Allowable Costs pursuant to Mont. Code Ann. § 3-5-604

Original No. of Pages: _____ @ \$2.00 per page = \$ _____

First Copy No. of Pages: _____ @ \$.50 per page = \$ _____

Add. Copies No. of Pages: _____ @ \$.25 per page = \$ _____

(One original (reduced format) plus one dvd-r containing PDF to the Supreme Court , one copy to County Attorney, one copy to Attorney General, one copy to Defense Counsel or Appellate Defender (depending on who is representing appellant).

Additional Costs (attach original receipts): \$ _____

Summary of Additional Costs:

Total Amount Due: \$ _____

Court Reporter: _____

Court Reporter Signature and Date: _____

(Upon receipt of this bill, the OPD has 45 days to make payment for your services)

STATE OF MONTANA

MISCELLANEOUS CLAIM FOR SERVICES APPELLATE CASES

Vendor ID #

Service Provided:

- ☐ Expert Witness
 - ☐ Transcripts/Depositions
 - ☐ Mental Health Evaluation
 - ☐ Chemical Dependency Evaluation
 - ☐ Psychosexual Evaluation
 - ☐ Other (**MUST** Specify) _____
 - ☐ Investigator
 - ☐ Interpreter
 - ☐ Polygraph/DNA Testing

Claimant must attach an itemized invoice to this summary form. The invoice must detail services by assigned OPD client number and document dates, time spent, rate of pay, and a description of the activity. Attach a copy of the pre-approval notice for any pre-approved costs. OPD client numbers are assigned by the Regional Office. Separate summary forms must be prepared for non-conflict and appellate cases. The attorney requesting your services can direct you to the appropriate form. All travel expenses reported on this claim are to be detailed on a travel expense voucher form by case number and attached to this claim form. Claimant must submit a monthly claim by the 10th of the month following the month in which costs were incurred. **Submit this claim to the Office of the Appellate Defender, P.O. Box 200145, Helena MT 59620-0145. Please mail the original. We cannot accept faxes.**

Month of Service _____

[illegible]

The undersigned claimant certifies that the cases listed, expenses claimed and the times reported are true and accurate.

Claimant's Signature/Date of Submission

Appellate Defender's Approval/Date of Approval

Signatures above certify that all costs in excess of \$200 have been pre-approved.

OPD 070308MCA